

(1) PLACE OF BIRTH

County of Gaffney  
Township of Gaffneyor  
Inc. Town or  
or  
City of(If birth occurs in a hospital or other institution, give name of same instead of street and house number)  
North Carolina Hospital, Gaffney, S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 10 State Report City

39605

(2) Full Name of Child

(3) BOY OR  
GIRL? M.Registration District No. 2209Residence No. 4  
(For use of State Law Enforcement  
Department, State Fire Marshal,  
State Game Warden)(4) Twin  
or Triplet? None(5) Number in  
order of birth  
1st born of 1 child born aliveIf child is not yet born, attach  
supplemental report of(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Nov. 10  
(Name of Month)

FATHER.

(8) FULL  
NAME(10) NAME REPORTED  
MARRIAGE Rosa Galloway(9) PRESENT  
POSTOFFICE  
OF FATHER(11) PRESENT  
POSTOFFICE  
OF MOTHER Garrison(10) COLOR  
OR  
RACE White(11) AGE AT LAST  
BIRTHDAY 21  
(Years)(12) BIRTHPLACE Garrison(13) OCCUPATION Homemaker(12) COLOR  
OR  
RACE White(13) BIRTHPLACE Garrison(14) OCCUPATION Homemaker(15) Number of children born to  
mother, including present birth 1(16) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, Nov. 10, 1944,  
on the date above stated. Physician Garrison(23) (Signature) John W. Mackie (Date) Nov. 10, 1944  
(Born alive or stillborn) Born alive(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife GarrisonGiven name added from a supplemen-  
tal report(26) Witness Rosa Galloway (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Nov. 10, 1944 (28) Rosa Galloway (Signature of Physician or Midwife)

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths which occur during the fifth month of pregnancy.

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